

**CLAIMS ONLY**

**Application Number**

**Filing Date**

**Applicant(s)**

\* May be used for additional claims or amendments

| CLAIMS       | AS FILED<br>4/2/7769 |        | AFTER FIRST AMENDMENT |        | AFTER SECOND AMENDMENT |        |
|--------------|----------------------|--------|-----------------------|--------|------------------------|--------|
|              | Indep                | Depend | Indep                 | Depend | Indep                  | Depend |
| 1            | 1                    |        |                       |        |                        |        |
| 2            |                      | 1      |                       |        |                        |        |
| 3            |                      |        |                       |        |                        |        |
| 4            |                      |        |                       |        |                        |        |
| 5            |                      |        |                       |        |                        |        |
| 6            |                      |        |                       |        |                        |        |
| 7            |                      |        |                       |        |                        |        |
| 8            |                      |        |                       |        |                        |        |
| 9            |                      |        |                       |        |                        |        |
| 10           |                      |        |                       |        |                        |        |
| 11           |                      |        |                       |        |                        |        |
| 12           |                      |        |                       |        |                        |        |
| 13           |                      |        |                       |        |                        |        |
| 14           |                      |        |                       |        |                        |        |
| 15           |                      |        |                       |        |                        |        |
| 16           |                      |        |                       |        |                        |        |
| 17           |                      |        |                       |        |                        |        |
| 18           |                      |        |                       |        |                        |        |
| 19           |                      |        |                       |        |                        |        |
| 20           | 1                    |        |                       |        |                        |        |
| 21           |                      | 1      |                       |        |                        |        |
| 22           |                      |        |                       |        |                        |        |
| 23           | 1                    |        |                       |        |                        |        |
| 24           |                      |        |                       |        |                        |        |
| 25           |                      |        |                       |        |                        |        |
| 26           |                      |        |                       |        |                        |        |
| 27           |                      |        |                       |        |                        |        |
| 28           |                      |        |                       |        |                        |        |
| 29           |                      |        |                       |        |                        |        |
| 30           |                      |        |                       |        |                        |        |
| 31           |                      |        |                       |        |                        |        |
| 32           |                      |        |                       |        |                        |        |
| 33           |                      |        |                       |        |                        |        |
| 34           |                      |        |                       |        |                        |        |
| 35           |                      |        |                       |        |                        |        |
| 36           |                      |        |                       |        |                        |        |
| 37           |                      |        |                       |        |                        |        |
| 38           |                      |        |                       |        |                        |        |
| 39           |                      |        |                       |        |                        |        |
| 40           |                      |        |                       |        |                        |        |
| 41           |                      |        |                       |        |                        |        |
| 42           |                      |        |                       |        |                        |        |
| 43           |                      |        |                       |        |                        |        |
| 44           |                      |        |                       |        |                        |        |
| 45           |                      |        |                       |        |                        |        |
| 46           |                      |        |                       |        |                        |        |
| 47           |                      |        |                       |        |                        |        |
| 48           |                      |        |                       |        |                        |        |
| 49           |                      |        |                       |        |                        |        |
| 50           |                      |        |                       |        |                        |        |
| Total Indep  | 3                    |        |                       |        |                        |        |
| Total Depend | 20                   |        |                       |        |                        |        |
| Total Claims | 23                   |        |                       |        |                        |        |